Image# 201609229032082596 PAGE 1 / 13

## **FEC** FORM 3X

## REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than	An Authorized	Committe	e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	=/10	mple: If typin r the lines.	g, type	12FE4M5	
WOMEN SPEAK OUT	PAC					
ADDRESS (number and street)	1200 NEW HAMP	SHIRE AVE NW				
<b>V</b>	SUITE 750					
Check if different than previously reported. (ACC)	WASHINGTON				DC	20036
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		S	TATE 🛦	ZIP CODE ▲
C C00530766		3. IS THIS REPORT	N (N	EW I) <b>OR</b>	<b>x</b> (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)		lay 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				, ,		(Non-Election Year Only)
April 15 Quarterly Report (0	Q1) (-) -	Apr 20 (M4)		ul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	(c) 12-Day PRE-Ele		Primary (12P)	L	General (	
October 15 Quarterly Report (0	Report	for the:	Convention (1	2C)	Special (	12S)
January 31 Year-End Report (Y		Election on	M = M /	D   D /	Y " Y " Y " Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G		Runoff (3	0R) Special (30S)
Termination Report (TER)		Election on	M = M /	D = D /	Y	in the State of
5. Covering Period 07		2016	through	M - M 07	/ 31 /	2016
I certify that I have examined th	nis Report and to the	e best of my kno	wledge and b	elief it is true	e, correct and	I complete.
Type or Print Name of Treasure	Emily Buchanan					
Signature of Treasurer Emil	y Buchanan		[Electronically	Filed] Da	ate 09	22 / 2016
NOTE: Submission of false, erron	eous, or incomplete i	information may su	bject the pers	on signing thi	s Report to th	e penalties of 2 U.S.C. §437g.
Office Use						FEC FORM 3X Rev. 12/2004
l I Only I		1			I	

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name WOMEN SPEAK OUT PAC 07 2016 07 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 496911.89 January 1, 2016 (b) Cash on Hand at 1078954.63 Beginning of Reporting Period..... 591.12 601227.64 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1098139.53 1079545.75 6(a) and 6(c) for Column B)..... 55128.71 73722.49 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1024417.04 1024417.04 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 20704.43 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## WOMEN SPEAK OUT PAC

Report Covering the Period: From: 07	01 2016	To: 07 31 2016
I. Receipts	COLUMN A	COLUMN B Calendar Year-to-Date
<u> </u>	Total This Period	Calendar fear-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	573300.00
(i) herrized (dee defleade 77)		
(ii) Unitemized	591.12	17283.91
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	591.12	590583.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		500500.04
Totals to Line 33, page 5)▶	591.12	590583.91
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	10643.73
6. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
_		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	591.12	601227.64
2. Total Fadaral Bassista		
). Total Federal Receipts	591.12	004007.04
(subtract Line 18(c) from Line 19)▶	591.12	601227.64

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Ope	erating Expenditures: – Allocated Federal/Non-Federal	Total Tillo I ollou	Caleffual Teal-to-Date
(a)	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non Fodoral Chara	0.00	0.00
(b)	(ii) Non-Federal Share Other Federal Operating	0.00	0.00
(6)	Expenditures	22901.37	37970.39
(c)	Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶	22901.37	37970.39
	nsfers to Affiliated/Other Party	0.00	0.00
	nmitteestributions to	0.00	0.00
Fed	eral Candidates/Committees Other Political Committees	0.00	0.00
	ependent Expenditures		
(use	Schedule E)	32227.34	35752.10
5. Coc (2 I	ordinated Party Expenditures  J.S.C. §441a(d))		
(use	J.S.C. §441a(d)) Schedule F)	0.00	0.00
0 1	a December Mala	0.00	0.00
o. Loa	n Repayments Made	0.00	0.00
7. Loa	ns Made	0.00	0.00
<ol><li>Ref</li></ol>	unds of Contributions To:		
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	ř		
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	0.00	0.00
	(such as PACs)	0.00	5.50
(d)	Total Contribution Refunds		
` '	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	i i		
9. Oth	er Disbursements	0.00	0.00
0			
	leral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
(a)	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	i i		
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely	0.00	0.00
(0)	With Federal Funds  Total Federal Election Activity (add	0.00	0.00
(c)	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	22 22(2)(1), 22(2)(1), 31.3 33(2),	7 7	7 7 7
1. Tota	al Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	55128.71	73722.49
	al Federal Disbursements		
	otract Line 21(a)(ii) and Line 30(a)(ii)	EE420.74	
non	n Line 31)▶	55128.71	73722.49

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	591.12	590583.91
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	591.12	590583.91
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	22901.37	37970.39
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10643.73
3. Net Operating Expenditures (subtract Line 37 from Line 36)	22901.37	27326.66

SCHEDULE B (FEC Form 3X)	Har are to the total	FOR LINE	NE NUMBER: PAGE 6 OF 13			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	c(s) (check only one)				
	Detailed Summary Page	<b>X</b> 21b 27	22 23 28a 28			
Any information ported from such Bornets and Co.	monto movement has a self-					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)	2111					
WOMEN SPEAK OUT PAC						
Full Name (Last, First, Middle Initial)						
A. All Seasons Strategies, LLC			Date of Disbu			
Mailing Address P.O. Box 3521			07	29 2016		
City	State Zip Code		<b>T</b>	ID 00040 0004		
Spokane	WA 99202		Transaction	ID : SB21B.6224		
Purpose of Disbursement Salary for Assistant National Director		001	Amount of Fac	ch Disbursement this Period		
Candidate Name			Amount of Each	on blobardement this i choa		
		Category/ Type		6000.00		
Office Sought: House Disburser	ment For: 2016		Memo Item			
Senate	Primary <b>x</b> General		_			
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) <b>B.</b> Authorize net			Date of Disbu	reement		
B. Authorize.net						
Mailing Address P.O. Box 947			07	05 2016		
,	State Zip Code		Transaction	ID : SB21B.6211		
American Fork Purpose of Disbursement	UT 84003-0947					
Credit Card processing fees			Amount of Ead	ch Disbursement this Period		
Candidate Name		Category/				
		Type		46.90		
Office Sought: House Disburser	ment For: 2016		Memo Item			
Senate	Primary  General		_			
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)  C. HWS Headway Work Force Solution	ne		Date of Disbu	rsement		
- TIVVO HEAGWAY VVOIK I OICE SOIUIIC	лю			D / Y Y Y Y		
Mailing Address 421 Fayetteville St #1020	Mailing Address 421 Fayetteville St #1020					
- Cu						
,	State Zip Code NC 27601		Transaction	ID : SB21B.6222		
Raleigh Purpose of Disbursement	2/001					
Employment Management Fees, NC				ch Disbursement this Period		
Candidate Name		Category/	-			
		Туре		3468.41		
	ment For: 2016		Memo Item			
Senate	Primary General					
State: District:	Other (specify) ▼					
Side. District.						
SUBTOTAL of Disbursements This Page (optional)				9515.31		
CODICINE OF DISDUISCINGING THIS Fage (Optional)						
TOTAL This Period (last page this line number only)						

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)  A. HWS Headway Work Force Solutio		Date of Disbursement						
Mailing Address 421 Fayetteville St #1020			07 31 2016					
Raleigh	tate Zip Code NC 27601		Transaction ID : SB21B.6271					
Purpose of Disbursement Employment Management Fees, FL Candidate Name		001	Amount of Each Disbursement this Period					
Office Sought: House Disbursem	ent For: 2016 Primary <b>x</b> General Other (specify) <b>v</b>	Category/ Type	1694.14 Memo Item					
Full Name (Last, First, Middle Initial)  3. HWS Headway Work Force Solutio	ns		Date of Disbursement					
Mailing Address 421 Fayetteville St #1020			07 31 2016					
Raleigh Purpose of Disbursement	tate Zip Code NC 27601		Transaction ID : SB21B.6272					
Employment Management Fees, OH  Candidate Name	l	001 Category/ Type	Amount of Each Disbursement this Period 993.66					
Senate	ent For: 2016 Primary	71	Memo Item					
Full Name (Last, First, Middle Initial) - Intuit			Date of Disbursement					
Mailing Address 2700 Coast Ave			07 01 2016					
Mountain View	tate Zip Code CA 94043		Transaction ID : SB21B.6208					
Purpose of Disbursement Credit Card Processing fees Candidate Name	[	Category/ Type	Amount of Each Disbursement this Period					
Senate	ent For: 2016 Primary		Memo Item					
			2808.77					
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)								

TEMIZED DISBURSEMENTS	Use separate schedule(s) (che	R LINE NUMBER: PAGE 8 OF 13 eck only one)  1 21b 22 23 24 25 26 27 28a 28b 28c 29 30b					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)							
WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)  1. Intuit		Date of Disbursement					
Mailing Address 2700 Coast Ave		07 05 2016					
Mountain View	tate Zip Code CA 94043	Transaction ID : SB21B.6209					
Purpose of Disbursement Credit Card Processing fees Candidate Name	Categ						
Senate	Typ nent For: 2016  Primary   General  Other (specify) ▼	Memo Item					
Full Name (Last, First, Middle Initial)  3. Paychex		Date of Disbursement					
Mailing Address 3060 Williams Dr #200		07 11 2016					
City S Fairfax Purpose of Disbursement Payroll fees	State Zip Code VA 22031	Transaction ID : SB21B.6212					
Candidate Name	Categ Typ						
		Memo Item					
Senate	nent For: 2016 Primary <b>x</b> General Other (specify) ▼	Memo item					
Senate President	Primary <b>x</b> General	Date of Disbursement					
Senate President State: District:  Full Name (Last, First, Middle Initial)	Primary <b>x</b> General						
Senate President State: District:  Full Name (Last, First, Middle Initial)  Trace Strategies, LLC  Mailing Address 11104 Westpoint Court  City Litte Rock	Primary <b>x</b> General	Date of Disbursement					
Senate President State: District:  Full Name (Last, First, Middle Initial)  Trace Strategies, LLC  Mailing Address 11104 Westpoint Court	Primary <b>x</b> General Other (specify) ▼	Date of Disbursement  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Senate President State:  District:  Full Name (Last, First, Middle Initial)  Trace Strategies, LLC  Mailing Address 11104 Westpoint Court  City Litte Rock Purpose of Disbursement Salary for State Director, FL  Candidate Name  Office Sought: House Senate	Primary ★ General Other (specify) ▼  State Zip Code AR 72211  O0  Categ	Date of Disbursement  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Senate President State:  District:  Full Name (Last, First, Middle Initial)  Trace Strategies, LLC  Mailing Address 11104 Westpoint Court  City Litte Rock Purpose of Disbursement Salary for State Director, FL  Candidate Name  Office Sought:  House Senate President  Disbursen	Primary	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					

TEMIZED DISBURSEMENTS  Any information copied from such Reports and State	Use separate schedule(s) for each category of the Detailed Summary Page	21b	one)	23 24	2F	
	Detailed Summary Page		1 1 1		25	
Any information copied from such Reports and State		27	28a	28b 28c		
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	ane and address of any poilti	cai committee to	SOIICH COINTID	unons nom st	JOH COHIII	iiilee.
WOMEN SPEAK OUT PAC						
Full Name (Last, First, Middle Initial)			Date of Dis	chursement		
- Trace Strategies, LLC			M M /	sbursement	Y Y Y	Y
Mailing Address 11104 Westpoint Court			07	29	2016	
City	State Zip Code		Transacti	on ID : SB21I	3.6225	
Litte Rock Purpose of Disbursement	AR 72211					
Salary, State Director OH		001	Amount of	Each Disburs	ement this	Period
Candidate Name		Category/			350	0.00
Office Sought: House Disburse	ement For: 2016	Туре	Mama	tem		
Senate	Primary General		Memo I	telli		
President	Other (specify) ▼					
State: District:  Full Name (Last, First, Middle Initial)						
			Date of Dis	sbursement		
			M = M /	D D /	Y Y Y	Y
Mailing Address				البا		
City	State Zip Code					
Purpose of Disbursement						
·			Amount of	Each Disburs	ement this	Period
Candidate Name		Category/				
Office Sought: House Disburse	ement For:	Туре	Memo It	em		
Senate	Primary General		L			
President	Other (specify) ▼					
State: District:  Full Name (Last, First, Middle Initial)						
Tuli Name (Last, 1 list, Middle linual)			Date of Dis	sbursement		
Martina Address			M = M /	D D /	Y   Y   Y	Y
Mailing Address	Mailing Address					
City	State Zip Code					
Purpose of Disbursement						
			Amount of	Each Disburs	ement this	Period
Candidate Name	Candidate Name					
Office Sought: House Disburse	ement For:	Туре		7 7		-
Senate	Primary General		Memo It	tem		
President President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				, , ,	350	0.00
TOTAL This Period (last page this line number onl					2290	1.37

## SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

13

10 OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Siz 750  Dutstanding Balance Beginning This Period 10500.00  Amount Incurred This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Siz 750  City State Zp Code Washington DC 20036  Dutstanding Balance Beginning This Period 0.00  Amount Incurred This Period 0.00  Dutstanding Balance Beginning This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  Amount Incurred This Period 0.00  Dutstanding Balance Beginning This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  Amount Incurred This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10500.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 105000.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 105000.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 105000.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 105000.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1050000.00  C. Full Name (Last, First, Mid	•	OWEN OF LAR OUT I AG			
Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Site 750  City State Zip Code Washington  Ourstanding Balance Beginning This Period  10500,00  Amount Incurred This Period Payment This Period  0.00  D.00  D.		A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		
City State		Susan B Anthony List, Inc.			Existing Loan owed to SBA
Washington  Outstanding Balance Beginning This Period 10500.00  Amount Incurred This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW State D.000  Amount Incurred This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Transaction ID : SD10.4110  Nature of Debt (Purpose): Loan for FEC Reporting Services  Transaction ID : SD10.4110  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  City State D.000  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW State D.000  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Transaction ID : SD10.4110  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Transaction ID : SD10.4318		1200 11011 11011110 11111			
Outstanding Balance Beginning This Period  10500.00  Amount Incurred This Period  0.00  Do  10500.00  Amount Incurred This Period  0.00  Do  10500.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Mailling Address 1200 New Hampshire Ave NIW Site 750  City State Washington  Outstanding Balance Beginning This Period  Do  0.00  Amount Incurred This Period  0.00  Do  0.00  Transaction ID : SD10.4110  Transaction ID : SD10.4110  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Nature of Debt (Purpose):  Mailling Address 1200 New Hampshire Ave NIW Susan B Anthony List, Inc.  Mailling Address 1200 New Hampshire Ave NIW Sie 750  City Sie 750  Sie 750  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period  Fransaction ID : SD10.4110  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period Outstanding Balance at Clos	ı	City State	Zip Code		
Amount Incurred This Period		Washington	DC	20036	
Amount Incurred This Period  0.00  0.00  0.00  0.00  0.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  10500.00  Nature of Debt (Purpose): Loan for FEC Reporting Services  100 New Hampshire Ave NW Sie 750  101 Sustanding Balance Beginning This Period  0.00  102 Susan B Anthony List, Inc.  103 Nature of Debt (Purpose): 104 Nature of Debt (Purpose): 105 Natare of Debt (Purpose): 106 Nature of Debt (Purpose): 107 Nature of Debt (Purpose): 107 Nature of Debt (Purpose): 108 Nature of Debt (Purpose): 109 Nature of Debt (Purpose):		Outstanding Balance Beginning This Period			Transaction ID : SD10.4157
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Malling Address 1200 New Hampshire Ave NW Site 750  City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period  Sooo.00  Amount Incurred This Period Payment This Period  City Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Site 750  City State Zip Code Sooo.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Site 750  City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period  Outstanding Balance Beginning This Period  Transaction ID: SD10.4318		10500.00			
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750  City State Zip Code Washington Do. 0.00  Amount Incurred This Period Payment This Period  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750  City State Zip Code Washington Do. 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750  City State Zip Code Washington Do. 20036  Outstanding Balance Beginning This Period  Outstanding Balance Beginning This Period  Do. 0.00  Transaction ID: SD10.4318  Transaction ID: SD10.4318  S204.43  Amount Incurred This Period Payment This Period  Outstanding Balance at Close of This Period		Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period 5000.00  Amount Incurred This Period 0.00 C: Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period Outstanding Balance Beginning This Period DC 20036  Transaction ID: SD10.4318		0.00		0.00	10500.00
Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period 5000.00  Amount Incurred This Period 0.00 C: Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period Outstanding Balance Beginning This Period DC 20036  Transaction ID: SD10.4318	ŀ	B. Full Name (Last. First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose):
City State Zip Code Washington DC 20036  Coutstanding Balance Beginning This Period 5000.00  Amount Incurred This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750  City Washington DC 20036  Outstanding Balance Beginning This Period DC 20036  Outstanding Balance Beginning This Period DC 20036  Transaction ID : SD10.4110  Nature of Debt (Purpose): Mailings Expense  Transaction ID : SD10.4318			. 0.04.10.		
City State Zip Code DC 20036  Outstanding Balance Beginning This Period 5000.00  Amount Incurred This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750  City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period DC 20036  Outstanding Balance Beginning This Period DC 20036  Transaction ID: SD10.4318  Transaction ID: SD10.4318  Transaction ID: SD10.4318  1) SUBTOTALS This Period (last page (optional))		1200 11011 11011110 1110 1111			
Outstanding Balance Beginning This Period  S000.00  Amount Incurred This Period  O.00  Amount Incurred This Period  O.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Mailing Address  1200 New Hampshire Ave NW  Ste 750  City  Washington  Outstanding Balance Beginning This Period  Outstanding Balance Beginning This Period  DC 20036  Transaction ID: SD10.4110  Nature of Debt (Purpose):  Mailings Expense  Transaction ID: SD10.4318	Ī		Zip Code		
Amount Incurred This Period  O.00  Amount Incurred This Period  O.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Susan B Anthony List, Inc.  Mailing Address  1200 New Hampshire Ave NW Ste 750  City  Washington  Outstanding Balance Beginning This Period  DC 20036   Outstanding Balance Beginning This Period  Fransaction ID: SD10.4318  Transaction ID: SD10.4318  Transaction ID: SD10.4318  1) SUBTOTALS This Period This Page (optional)		Washington	DC	20036	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750  City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period This Period Payment This Period Outstanding Balance at Close of This Period  Amount Incurred This Period This Period Payment This Period Outstanding Balance at Close of This Period  1) SUBTOTALS This Period This Page (optional)		5000.00  Amount Incurred This Period	Paym		Outstanding Balance at Close of This Period
Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave NW Ste 750  City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period DC 20036  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period DC 2004.43  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period DC 2004.43  1) SUBTOTALS This Period This Page (optional)		0.00	7	0.00	5000.00
Ste 750  City State Zip Code DC 20036  Outstanding Balance Beginning This Period			or Creditor		
City State Zip Code Washington DC 20036  Outstanding Balance Beginning This Period Transaction ID: SD10.4318  5204.43  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period S204.43  1) SUBTOTALS This Period This Page (optional)		- 1200 Non Hamponio 700 NV			
Outstanding Balance Beginning This Period  5204.43  Amount Incurred This Period  0.00  Dustanding Balance at Close of This Period  0.00  5204.43  Dustanding Balance at Close of This Period  0.00  5204.43  Dustanding Balance at Close of This Period  5204.43	İ		State	Zip Code	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  0.00 5204.43  1) SUBTOTALS This Period This Page (optional)		Washington	DC	20036	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  0.00 5204.43  1) SUBTOTALS This Period This Page (optional)					Transaction ID : SD10.4318
1) SUBTOTALS This Period This Page (optional)		5204.43			
1) SUBTOTALS This Period This Page (optional)		Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
2) TOTALS This Period (last page this line number only)		0.00	7	0.00	5204.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	1)	SUBTOTALS This Period This Page (optional)			20704.43
20704.43	2)	TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>	20704.43
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) >	3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only	/) <b>&gt;</b>	0.00
	4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	Page (last page only)	20704.43

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	11 _INE 24	OF	13
FOR I	INE 24	OF FO	DRM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
HWS Headway Work Force Solutions	07 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020  Ar	mount
City State Zip Code	15949.31
Raleigh NC 27601 Tra	insaction ID : SE.6130 ate of Disbursement or Obligation
Purpose of Expenditure ACTUAL Payroll for canvassers from 7/25/16-7/31/16 NC, reported estimate of 18,250 on 7/25	07 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District:
HILLARY RODHAM CLINTON  Y Oppose  Y Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburses 2016	ment For:  Primary
Full Name of Pavee	
Full Name of Payee  HWS Headway Work Force Solutions	ate of Public Distribution/Dissemination  07 25 2016
Mailing Address 421 Fayetteville St #1020	mount
City State Zip Code	2524.28
Raleigh NC 27601 Tra	ansaction ID : SE.6133 ate of Disbursement or Obligation
Purpose of Expenditure ACTUAL Mileage Reimbursement for Canvassers NC, reported estimate of \$3125 on 7/25  Category/ Type  002	07 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District:
HILLARY RODHAM CLINTON  M Oppose  M Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ment For: Primary   General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	18473.59
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Emily Buchanan [Electronically Filed] Date 09	/ 22 / 2016
Signature	

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	12	OF	13
FOR L	INE 24	OF I	FORM 3X

			FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
VV	OMEN SPEAK OUT PAC		C C00530766		
Che	eck if 24-hour report 48-hour report New report Amends re	eport fil	ed on Man / Dab / Yayayay		
Т		o Item	Date of Public Distribution/Dissemination		
	HWS Headway Work Force Solutions		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
١	Mailing Address 421 Fayetteville St #1020		Amount		
ŀ	City State Zip Code		4813.29		
	Raleigh NC 27601		Transaction ID : SE.6136  Date of Disbursement or Obligation		
	Purpose of Expenditure ACTUAL Payroll for canvassers 7/25-7/31 OH, reported estimate of \$10,500 on 7/25  Category/ Type  00	01	07 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support	t Of	fice Sought: House District:		
	HILLARY RODHAM CLINTON Popose	, [	President Senate State: OH		
١	Calendar Year-To-Date Per Election for Office Sought 4813.29	Dis 20	sbursement For: Primary General  Other (specify)		
-	Full Name of Payee	ltem	Date of Public Distribution/Dissemination		
	HWS Headway Work Force Solutions		07 25 2016		
	Mailing Address 421 Fayetteville St #1020		Amount		
ŀ	City State Zip Code		376.56		
	Raleigh NC 27601		Transaction ID : SE.6138  Date of Disbursement or Obligation		
	Purpose of Expenditure ACTUAL Mileage Reimbursement for canvassers 7/25-7/31 OH, reported estimate of \$2000 omn 7/25  Category/ Type 00	02	07 / 25 / 2016		
	Name of Federal Candidate Support	t Of	fice Sought: House District:		
	HILLARY RODHAM CLINTON Popose	; [	▼ President Senate State: OH		
	Calendar Year-To-Date Per Election for Office Sought 5189.85		sbursement For:		
(;	a) SUBTOTAL of Itemized Independent Expenditures	····· <b>&gt;</b>	5189.85		
(1	b) SUBTOTAL of Unitemized Independent Expenditures	····· <b>&gt;</b>			
(0	c) TOTAL Independent Expenditures	····· <b>&gt;</b>			
W	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agentarty committee) any political party committee or its agent.				
	Emily Buchanan [Electronically Filed]	Date	M		
	Signature				

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	13	OF	13		
FOR L	INE 24	OF F	ORM 3	Χ	
ENTIFICATION NUMBER -					

				TOTT LINE 24 OF TOTTW 3X	
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
WOMEN SPEAK OUT PAC				C C00530766	
Check if 24-hour report 48-hour repo	rt New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y	
Full Name of Payee		☐ Memo It	em	Date of Public Distribution/Dissemination	
HWS Headway Work Force Solutio	ns			07 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
421 Fayetteville St #1020				Amount	
City	State	Zip Code		7718.98	
Raleigh	NC	27601	1	Transaction ID : SE.6141 Date of Disbursement or Obligation	
Purpose of Expenditure ACTUAL Payroll for canvassers 7/25-7/31 FL, 12,500 on 7/25	Estimated	Category/ Type 001		07	
Name of Federal Candidate		Support	Office	Sought: House District:	
HILLARY RODHAM CLINTON		X Oppose		President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		7718.98	Disbur 2016	rsement For: Primary General	
				Other (specify) -	
Full Name of Payee HWS Headway Work Force Sol	utions	Memo Ite	em	Date of Public Distribution/Dissemination	
Mailing Address 421 Fayetteville St #1020				07 25 2016 Amount	
City	State	Zip Code		844.92	
Raleigh	NC	27601	-	Transaction ID : SE.6143  Date of Disbursement or Obligation	
Purpose of Expenditure ACTUAL Mileage Reimbursement for canvase estimated \$2,000 on 7/25	sers 7/25-7/31 FL,	Category/ Type 002		07 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office	Sought: House District:	
HILLARY RODHAM CLINTON		<b>x</b> Oppose	×	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		8563.90	Disbur 2016	rsement For: Primary General	
	, , , , , , , , , , , , , , , , , , , ,			Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	8563.90	
(b) SUBTOTAL of Unitemized Independent Ex	xpenditures		. •		
(c) TOTAL Independent Expenditures			•	32227.34	
Under penalty of perjury I certify that the index with, or at the request or suggestion of, any committee) any political party committee	andidate or authorized	•			
Emily Buchanan	[Electroni	ically Filed]	M 09	0 22 2016	
Signature		Date	, ,		